



There is a **lens** inside the eye that helps to focus light on the macula (camera film at the back of the eye). When this lens becomes cloudy we call it a cataract. A cataract can disturb the focusing of the eye, and can block and scatter light. This can lead to **poor vision** and **glare**. (Cataracts can also sometimes cause the pressure to go up in the eye which can damage the eye - glaucoma).

Cataracts are usually a result of **ageing** and are very common. Sometimes cataracts can be associated with taking medications or other diseases. The time to remove cataracts is usually when they cause problems with vision that cannot be corrected by glasses. Sometimes your eye doctor will recommend they are removed sooner if they are causing pressure in the eye or other eye problems.

The only effective treatment for cataracts is **cataract surgery**. They do not get better without treatment. It is done in the day surgery. It takes about 15 mins (but the visit lasts a few hours), the eye is made numb but the patient is awake, and anti-inflammatory drops are required afterwards for a month. Cataract surgery is the most common operation in the world. Generally, it is very safe, and at least 98% of operations go smoothly without serious complications. However, no medical procedure is risk free. The risk of vision becoming worse or not improving is less than 1 in 100. The risk of serious loss of vision or blindness is less than 1 in 1000. Serious loss of vision can be caused by infection and is one of the reasons that both eyes are not done usually at the same time.

In young patients without cataracts the lens in the eye is able to change shape and thus change focus. The **ability of the eye to change focus is lost with age** (usually by age 50) and it is not possible to restore this. It is also **not possible to predict the exact focus of the eye after surgery** just as it is not possible to predict the exact weather tomorrow. The power of lens is chosen based on international computer formulas based on the power of lens that gave the best result in thousands of other people with similar sized and shaped eyes. If the focus is not sharp after the operation it is generally **not** because the surgeon did a bad operation or chose the wrong lens. It is nearly always because the lens did not come to rest inside the eye where the computer formulas suggested it would, something that is impossible for anyone to predict.

Most commonly a **distance** focus is aimed for in each eye. This gives an 80-90% of good distance vision (driving, watching television) without glasses. However, glasses will be needed to see objects at arm's length or closer.

If one wants to see at distance and close up without glasses there are two options. One is to have a reading eye and a distance eye (**monovision**) and the other is to have **multifocal lenses** put in the eye. Both of these options are a compromise with quality of vision being sacrificed for convenience of wearing glasses less often. Regardless of which lens option is chosen there is still a 10-20% chance of not having a sharp focus afterwards, this can be corrected with glasses, or laser can be done at extra cost which will not be covered by Medicare or health insurance.